

**United States District Court  
for the District of South Carolina**

**ECF REGISTRATION FORM  
FOR ATTORNEYS ALREADY ADMITTED TO PRACTICE**

This form is used to register for an account on the District of South Carolina Electronic Filing System. Registered attorneys (Filing Users) will have privileges to electronically submit documents and to view the electronic documents. By registering, attorneys consent to receiving electronic notice of filings through the system.

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**Please complete the following required information to register for ECF:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

If appropriate, select one: ☐ Senior ☐ Junior ☐ II ☐ III ☐ Other \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the District of South Carolina pursuant to Local Civil Rule 83 DSC and Local Criminal Rule 57 DSC.

SC District Court ID Number: \_\_\_\_\_ Are you currently in good standing? ☐ Yes ☐ No

E-Mail Address for Electronic Service: \_\_\_\_\_

If registered for ECF in another Federal court, please provide your **Login Name:** \_\_\_\_\_ and **District:** \_\_\_\_\_

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**Training is REQUIRED. Check one or more of the following training options you have completed:**

- ☐ I have completed the entire online tutorial OR  
☐ I have completed all of the computer-based training modules OR  
☐ I received court approved training\* on \_\_\_\_\_

\*Training by another district satisfies this district's training requirement.

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**By submitting this registration form, the undersigned agrees to abide by all Court rules, orders, and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's electronic filing system. The combination of the Filing User's login, password, and s/[typed name] or digital signature serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.**

**Fax this form to:**  
ECF Registration  
803.765.5108

OR (If you fax the form, you do NOT need to mail it!)

**Mail this form to:**  
USDC ECF Registration  
901 Richland Street  
Columbia, SC 29201

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(Signature/Date)  
Once your registration is complete, you will receive notification by e-mail as to your user id and password needed to access the system. Procedures for using the system will be available for downloading when you access the system via the internet.

**Court Use Only:**

Login Assigned: \_\_\_\_\_  
Password Assigned: \_\_\_\_\_